AZ FORM 819

Schedule D

TAX RECOVERY

Credit for Unsellable Cigars and Tobacco Products Returned to Suppliers During the Month

LEGAL BUSINESS NAME	BUSINESS (or dba) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Complete using the total rate of tax. Please see instructions before completing this form..

(a) Returned To (name of supplier) City, State	(b) Date Shipped	(c) Invoice Date	(c) Invoice Number	(d) No. of Small Cigars Returned Weighing not more than 3 lbs/1000	(e) No. of Cigars Returned Selling for $.05 or Less	(f) No. of Cigars Returned Selling for More than $.05	(g) No. of Ounces Returned of Smoking Tobacco, Snuff, Fine Cut Chewing, etc.	(h) No. of Ounces Returned of Cavendish, Plug or Twist
	YELLOW fields are Read-Only. You cannot enter data in yellow fields; they are calculated as you fill in the form.							
1 Total this sheet **1**								
2 Total all other sheets **2**								
3 Total returned this month: *Add lines 1 and 2* **3**								
TOTAL RATES.....				**×$.441 per 20**	**×$.218 per 3**	**×$.218 each**	**× $.223 per oz.**	**× $.055 per oz.**
4 Net amount to be deducted for returned product this month: *See instructions* **4**				$	$	$	$	$
5 Total amount to be deducted for returned product this month: *Add the amounts in columns d, e, f, g, and h of line 4. Enter here and on page 1, line 6*..... **5**								$

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AZ FORM 819

Schedule E-1

TAX RECOVERY

Purchases of Cigars and/or Tobacco Products Received During the Month

from another Arizona licensed distributor on which the taxes have already been paid

LEGAL BUSINESS NAME	BUSINESS (or dba) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Complete using the total rate of tax. Please see instructions before completing this form.

(a) Name of Supplier	(b) Date Received	(c) Invoice Date	(c) Invoice Number	(d) No. of Small Cigars Received Weighing not more than 3 lbs/1000	(e) No. of Cigars Received Selling for $.05 or Less	(f) No. of Cigars Received Selling for More than $.05	(g) No. of Ounces Received of Smoking Tobacco, Snuff, Fine Cut Chewing, etc.	(h) No. of Ounces Received of Cavendish, Plug or Twist

AZ FORM 819

Schedule E-2

TAX RECOVERY

Sheet ___ of ___

Sales of Cigars and/or Tobacco Products to Other Arizona Licensed Distributors Who Have Agreed to Pay the Tax

LEGAL BUSINESS NAME	BUSINESS (or dba) NAME	TOBACCO LICENSE NO.	FOR THE MONTH OF
			MONTH YYYY

Please see instructions before completing this form.

(a) Name and Address of Who the Product was Sold To	(b) Date Shipped	(c) Invoice Date	(c) Invoice Number	(d) No. of Small Cigars Sold Weighing not more than 3 lbs/1000	(e) No. of Cigars Sold for $.05 or Less	(f) No. of Cigars Sold for More than $.05	(g) No. of Ounces Sold Smoking Tobacco, Snuff, Fine Cut Chewing, etc.	(h) No. of Ounces Sold Cavendish, Plug or Twist
1 Total this sheet				**1**				
2 Total all other sheets				**2**				
3 Total sold this month: *Add lines 1 and 2*				**3**				
TOTAL RATES					**× $.441 per 20**	**× $.218 per 3**	**× $.218 each**	**× $.223 per oz.**	**× $.055 per oz.**
4 Net non-taxable sales this month: *See instructions*				**4**	$	$	$	$	$
5 Total Non-Taxable Sales This Month: *Add the amounts in columns d, e, f, g, and h of line 4. Enter here and on page 1, line 8*								**5**	**$**

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